ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| | | | 09/27/00 |
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 20 | 1012 |
| FORMALITY REVIEW | 30 | 60854 | 11-0-00 |
| RESPONSE FORMALITY REVIEW | | | |

## INDEX OF CLAIMS

| | | | |
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| ✔ | ............................ Rejected | N | ............................ Non-elected |
| = | ............................ Allowed | I | ............................ Interference |
| — | (Through numeral)... Canceled | A | ............................ Appeal |
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| Final | Original | Date | | | | | | | | |
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| 17 | 10 | ✔ | | | | | | | | |
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| 19 | 14 | 0 0 | | | | | | | | |
| 20 | 15 | 0 0 | | | | | | | | |
| 6 | 16 | = ✔ | | | | | | | | |
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| 4 | 18 | = ✔ | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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